

PP-162 Occupational infectious hazards to dental staff

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Dental professionals are susceptible to a number of occupational hazards. These include exposure to infectious diseases (including HIV and viral hepatitis); percutaneous exposure incidents, dental materials, radiation, and noise; musculoskeletal disorders; psychological problems and dermatitis; respiratory disorders and eye injuries. Percutaneous exposure incidents remain a particular concern, as there is an almost constant risk of exposure to serious infectious agents. Strategies to minimize percutaneous exposure incidents and their consequences should continue to be employed, including sound infection control practices, continuing education and hepatitis B vaccination. As part of any infection control protocols, dentists should continue to utilize personal protective measures and appropriate sterilization or other high-level disinfection techniques. Continuing education and investigation of appropriate interventions to help reduce the prevalence of these hazards are also needed. For these reasons, it is therefore important that dentists remain constantly informed regarding up-to-date measures on how to deal with newer technologies and dental materials, and indicates the need for special medical care for this professional group.

PP-163 HIV+ patient: professional approach

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Introduction: Modern world is now experiencing an increasing number of HIV+ affected patients. Addiction and unsafe sexual activities have been known as the most common cause of affliction. Patients with HIV/AIDS must be provided with competent and appropriate medical care at all stages of the disease.

Case Description: In a real case, a 45-year-old prisoner was referred to hospital N for a number of resistant infectious wounds in his arm and chest. The patient was admitted for further clinical investigations. Since the routine blood sample checking revealed a severe white blood cell drop, subsequently an additional blood sample for HIV, Hepatitis C (HCV) and B (HBV) Viruses tests was sent in parallel to a systemic infection therapy.

With confirming HIV+ and HCV of the patient, also compatible with his history of addiction, the patient chart was marked with "HIV+, HCV+" and his wife and two children of 6 and 13-year-old were recruited for complementary tests. Moreover, despite the jail custodian efforts for performing a prompt therapy protocol, there were a tangible negative desire in the health care team towards the patient's professional handling.

Stigmatization – by marking the patient's chart –, breaking his confidentiality, inattention to the medical professionalism codes of conduct like carelessness in professional responsibilities and not respecting the patient by implementing not informed HIV and HC/BV tests and ... are among the most significant ethical and professional lapses.

Consequently, designing hands-on, targeted and developmental approaches for high risk patients in clinical settings seems to be a necessity. Moreover, holding real-based case workshops proposed to be a powerful means in improving health care knowledge and performance.

PP-164 Realities of reduction of stavudine use in HIV caregivers in resource limited settings

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Background: Stavudine is no longer recommended in first line for HIV care, due to its intrinsic toxicities and side effect. The current goal in Nigeria is to drive stavudine usage down to 3% nation wide.

The objective of this study is to determine the factors amongst HIV care givers which may hinder initiating or switching to less toxic neucleoside analogues wherever possible.

Method: The study is a cross sectional descriptive study design. Sample size was total population of HIV caregivers in 34 health facilities nationwide currently supported by Hygeia Foundation, an indigenous NGO, which is sub-recipient implementing objective 1 of global fund round 5 grant. Caregivers in these facilities responded to a set of questions focusing on prescribing habits of health workers in the use of stavudine base regimen.

Results: 50 questionnaires were sent out of which 44 were returned and analyzed. By experience in HIV care setting, 66.2% (30/44) had less than 2 years, 27.3% (12/44) had 2–5 years while 4.5% had less 5 years. Stavudine had regimen remained first choice for 52.3% (23/44) from the caregivers. AZT for 45.5% (20/44) and IDV for 2.3% (1/44). Reasons including stavudine being available in FDC was given by 36.4% (16/44), while it have both adherence was given by 15.9% (7/44), current large stock of stavudine as reason for its usage in HIV care was given by 11.4% (5/44) and inability to sustain possible alternative drug option TDF of donor agent was mentioned by 6.8% (3/44).

Conclusion: The continued use of stavudine is still alarmingly high. There is need to have a structured guideline to phase out stavudine use in resource limited settings. The factor elucidated above would be important in guiding the design of a national framework to achieve this objective.

PP-165 HIV prevalence, AIDS knowledge and sexual behavior among female migrant sex workers in Palermo, Italy

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This paper presents the results of a survey with 123 female migrant sex workers (FMSWs) in Palermo, Italy. The objectives were to describe their socio-demographic characteristics, HIV prevalence, work conditions, sexual behavior and AIDS knowledge. A questionnaire with both open and close ended questions focusing on the FMSWs' socio-demographic characteristics, work conditions, sexual behavior and AIDS knowledge variables was used for data collection. The findings of the study revealed that FMSWs had adequate overall knowledge of HIV. More than one-third of them were west-Africans. The overall HIV prevalence was 8%, with large differences in rates in people from different countries. However, the work conditions are not favorable for the consistent use of condoms since sex work is not legalized in Italy and 22% of the FMSWs were undocumented. There is need for increased support for FMSWs' health and rights in Italy especially those that are undocumented.